PTO/SR/08 (11,07)

Approved for use through 11/30/2007. OMB 0651-0031

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Substitute f	or form 1449	9/PTO		Application Number	10/791,439	
INFORM	IATION:	DISC	LOSURE	Filing Date	March 2, 2004	
STATE	STATEMENT BY APPLICANT (Use as many sheets as necessary)			First Named Inventor	Ori Eisen	
(Use a:				Art Unit	4143	
				Examiner Name	Chrystina E. Zelaskiewicz	
Sheet	1	Of	1	Attorney Docket Number	31718-701.201	

		U.S. P.	ATENT DOC	UMENTS	
Examiner Initials*	Cite No.	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.	US- 6,205,436	03-20-2001	Rosen, Sholom S.	

Examiner	Date
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Organisation: Institute freference considered, whether or not citation is in conformance with MFEP 600. Draw his through station if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (opticant). See Kindi Codes of USPIO Patent Documents, who was upon go or or MFEP of 10 to 30 to

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